

Special Assistance Provision 3 Summary of Meals Claimed–Base Year

School: _____

SFA: _____

Base Year: _____

Enrollment on October 31 of Base Year: _____

Program:
(separate form for each)

- ☐ Breakfast Program
☐ Lunch Program

Base Year Student Meal Counts				
Month/Year	Free Meals Served (A)	Reduced Price Meals Served (B)	Paid Meals Served (C)	Total Meals (D) (A + B + C)
July 2 ____				
August 2 ____				
September 2 ____				
October 2 ____				
November 2 ____				
December 2 ____				
January 2 ____				
February 2 ____				
March 2 ____				
April 2 ____				
May 2 ____				
June 2 ____				

Instructions: The number of meals served by category must be recorded in the base year for use during the following four years of Provision 3.

Form Completed By (Name)

Date